

122000335792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

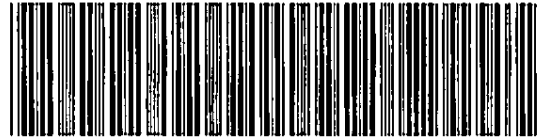
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300393795703

2022 SEP -2 AM 8:20

2022 SEP -2 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ZUZUS PETALS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZAHARAN, JAIME

Name of Person

Firm/Company

2131 SW 2ND AVE

Address

MIAMI, FL 33129

City/State and Zip Code

jzahran8879@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZAHARAN, JAIME

305

924-4780

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ZUZUS PETALS LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZAHARAN, JAIME  
\_\_\_\_\_  
Name of Person  
  
\_\_\_\_\_  
Firm/Company  
  
2131 SW 2ND AVE  
\_\_\_\_\_  
Address  
  
MIAMI, FL 33129  
\_\_\_\_\_  
City/State and Zip Code  
  
jzahrn8879@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZAHARAN, JAIME  
\_\_\_\_\_  
Name of Person  
305 924-4780  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
1000 Washington Street, Suite 510  
Tallahassee, Florida 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ZUZUS PETALS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/26/2022 and assigned  
Florida document number L22000335792

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

2131 SW 2ND AVE

MIAMI, FL 33129

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2131 SW 2ND AVE

MIAMI, FL 33129

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

HAMDAN, HAMUD

New Registered Office Address:

1920 E HALLANDALE BEACH BLVD 613

Enter Florida street address

HALLANDALE BEACH

City

Florida 33009

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

**FILED**  
2022 SEP 2 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ZAHARAN, JAIME	2131 SW 2ND AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	ZAHARAN, JAIME	2131 SW 2ND AVE	<input type="checkbox"/> Add
		MIAMI, FL 33129	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative

Jamie Zahran

Typed or printed name of signee

**Filing Fee: \$25.00**



Department of State / Division of Corporations / Search Records / Search by Entity Name /

priority  
brought  
mail**Detail by Entity Name**

Florida Limited Liability Company

ZUZUS PETALS LLC

**Filing Information**

Document Number L22000335792

FEI/EIN Number NONE

Date Filed 07/29/2022

State FL

Status ACTIVE

**Principal Address**

2131 SW 2ND AVE

MIAMI, FL 33129

**Mailing Address**

2131 SW 2ND AVE

MIAMI, FL 33129

**Registered Agent Name & Address**

HAMDAN, HAMUD

1920 E HALLANDALE BEACH BLVD

613

HALLANDALE BEACH, FL 33009

**Authorized Person(s) Detail****Name & Address**

Title P

member

ZAHARAN, JAIME

2131 SW 2ND AVE

MIAMI, FL 33129

**Annual Reports**

No Annual Reports Filed

**Document Images**

07/29/2022 - Florida Limited Liability

View image in PDF format

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L22000335792  
FILED 8:00 AM  
July 29, 2022  
Sec. Of State  
jafason

**Article I**

The name of the Limited Liability Company is:  
ZUZUS PETALS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2131 SW 2ND AVE  
MIAMI, FL. 33129

The mailing address of the Limited Liability Company is:  
2131 SW 2ND AVE  
MIAMI, FL. 33129

**Article III**

The name and Florida street address of the registered agent is:  
HAMUD HAMDAN  
1920 E HALLANDALE BEACH BLVD  
613  
HALLANDALE BEACH, FL. 33009

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: HAMUD HAMDAN



### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: P  
JAIME ZAHRAN  
2131 SW 2ND AVE  
MIAMI, FL. 33129

L22000335792  
FILED 8:00 AM  
July 29, 2022  
Sec. Of State  
jafason

Signature of member or an authorized representative

Electronic Signature: JAIME ZAHRAN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.